

PLACE OF BIRTH

1. County of Gila
District of Inspiration
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 134
County Registrar No. 398
Local Registrar No. _____

No. 1082 Adole Hill
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Nicholas Garcia ^{St.} Ward

3. Sex of Child male To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____
5. No., in order of birth. _____
6. Legitimate? yes
7. Date of birth Sept 10 1927
Month Day Year

8. FATHER
Full name Ceopas Garcia

9. Residence
(Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 36 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation Miner
Nature of Industry Copper

14. MOTHER
Full maiden name Juana Gonzales

15. Residence
(Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Mexican
17. Age at last birthday 22 (Years)

18. Birthplace (city or place) _____
(State or country) Mexico

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 3
(c) Stillborn 1
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:45 P. m. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. J. Miller
Address Miami, Arizona
(Physician or midwife)

Given name added from a supplemental report. _____
Month, day, year _____
Filed Sept 15 27 19 27 C. E. Trim
Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

571-910-172